Washington State Health Care Authority
Health Information Infrastructure Advisory Board
February 11, 2006

Overview of Community Health Information Infrastructure Governance

Summary

- Most U.S. communities are utilizing multi-stakeholder non-profit organizations to provide governance for community health information infrastructure projects.

- All five of the most advanced communities in the nation have created new multi-stakeholder organizations for this purpose, with four of the five being non-profit.

Findings

According to a 2005 survey of more than 100 community health information infrastructure (HII) projects by the eHealth Initiative:

- 44% of all communities use a corporation for governance.

- This percentage increases to 60% for those communities in the "advanced" stages (but not necessarily operational).

- Seventy percent of the organizations in HII communities are non-profit, with an additional 8% for profit and LLCs respectively.

- The remaining 14% operate via contractual agreements among the stakeholders. Fifty-five percent of the organizations are described as multi-stakeholder.

- Only 3% of HII communities reported that the lead organization was the State government.

In the five most advanced HII communities in the nation, the governance organizations are:
- Spokane: Hospitals moving to multi-stakeholder non-profit (NEW)

- Bellingham: Multi-stakeholder LLC (NEW)

- South Bend: 501(c)3 multi-stakeholder non-profit (NEW)

- Cincinnati: 501(c)3 multi-stakeholder non-profit (NEW)

- Indianapolis: 501(c)4 multi-stakeholder (NEW; evolved from academic medical center)

While our present state of knowledge about successful governance models for HII in communities is quite limited, the clear trend is toward multi-stakeholder non-profit organizations, especially in communities with large systems that are currently operational.

Recommendation

Without a compelling argument to the contrary, formation of a new multi-stakeholder non-profit organization (either 501(c)3 or 501(c)4) is currently the best choice for HII governance,